Form **88/1**

Notice of Section 527 Status

of Section 527 Status OMB No. 1545 1693

(July 2000)

Department of the Treasury

Internal Revenue Service			
Part I General Information			
1 Name of organization		Employer identification number	
FRIENDS F	OR DANNY	HILLIARD COMMITTEE 73 1593598	
2 Mailing address (P.O. Box or number		e number)	
P.O. BOX 86	. /		
City or town, state, and ZIP code			
3 F-mail address of organization	<u>K 73086</u>		
3 F-mail address of organization			
4a Name of custodian of records	46 C	ustodian's address	
		P.O. Box 861	
DANNY HILLIARG	/		
		SNIPHUR OK 73086 ontact person's address	
5a Name of contact person		5b Contact person's address	
DANNY HILLIARd		P.O. Box 861	
		1 . A. A. A. A. B. B. B.	
		SulphuR, OK 73086	
6 Business address of organization (if o	lifferent from mailing add	ress shown above). Number, street, and room or suite number	
000 to		many and a	
City or town, state, and ZIP code			
D-0-1		N VALUE	
Part II Purpose 7 Describe the purpose of the organiza			
7 Describe the purpose of the organiza	поп		
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Ne-election	COMMITTEE	FOR DANNY HILLIARd	
Part III List of All Related Ent	ities (see instruction	ns)	
8a Name of related entity	8b Relationship	8c Address	
MURRAY COUNTY INSURANCE ALENCY INC.	COMMON	P.C. BOX 380	
INSTITUTE PREMIT, INC.		SMIPHAR, OK 73086	
	↓		
		1	
RECEIVED			

Part IV List of All Officers, 9a Name	9b Title	pmpensated Employees (see instructions) 9c Address
BANNY HILLIARD	TREASHRER	1.0. Box 380
	CANDIDATE	SHIPHER, OK 73086
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		A MARKETON

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		A MARIN VI
Under penalties of perjury, I di	eclare that the organization named is examined this notice, including acc	n Part I is to be treated as an organization described in section 527 of the Internompanying schedules and statements, and to the best of my knowledge and belie
it is true, correct, and complet	A	7
	62/11/	/ 7/3/1/2pm
Sign Signature of authorized	Lofficial	Date
Here	-11-2-45	, , , , , , , , , , , , , , , , , , , ,

Form 8871 (7.2000)

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